



MaineCare Services

*An Office of the
Department of Health and Human Services*

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DATE: July 22, 2014

TO: Interested Parties

FROM: Stefanie Nadeau, Director, MaineCare Services

SUBJECT: Adopted Rule: MaineCare Benefits Manual, Chapter 101, Chapters II & III, Section 35, Hearing Aids & Services

The Department is adopting changes to this rule to add digital hearing aids as a covered service for eligible members through MaineCare. A public hearing on the proposed rule was held on June 2, 2014. There were no attendees. The comment deadline was June 12, 2014. One comment was received.

These changes reflect current industry standards and ensure compliance with the federal requirements for Early and Periodic Screening, Diagnostic and Treatment Services, pursuant to 42 U.S.C. §§ 1396a(a)(43) and 1396d(r), and 42 CFR §§ 440.110 and 441.56. This rule requires that providers use the State of Maine Division of Purchases' vendors that are contracted through the Hearing Aid Procurement Program as the sole suppliers of all digital hearing aids for MaineCare members under the age of 21. Contracted hearing aid vendors and pricing information can be found at:

<http://www.maine.gov/purchases/contracts/hearingaids.shtml>.

The Department is also adopting the following changes:

- a) Adding digital hearing aid codes V5246, V5252, V5253, V5256, V5257, V5260, and V5261;
- b) Allowing current dispensing fee codes V5090, V5110, V5160, V5200, V5240, and V5241 to be billed for digital hearing aids; and
- c) Adding a definition for Prior Authorization.

Rules and related rulemaking documents may be reviewed at, or printed from, the MaineCare Services website at <http://www.maine.gov/dhhs/oms/rules/index.shtml> or for a fee, interested parties may request a paper copy of rules by calling (207) 624-4050. For those who are deaf or hard of hearing and have a TTY machine, the TTY number is 711.

Notice of Agency Rule-making Adoption

AGENCY: Department of Health and Human Services, MaineCare Services

CHAPTER NUMBER AND TITLE: MaineCare Benefits Manual, Chapter 101, Chapters II & III, Section 35, Hearing Aids & Services

ADOPTED RULE NUMBER: 2014-P115

CONCISE SUMMARY: The Department is adopting changes to this rule to add digital hearing aids as a covered service for eligible members through MaineCare. A public hearing on the proposed rule was held on June 2, 2014. There were no attendees. The comment deadline was June 12, 2014. One comment was received. No changes were made to the rule based on comments.

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- c) Adding a definition for Prior Authorization.

See <http://www.maine.gov/dhhs/oms/rules/index.shtml> for rules and related rulemaking documents.

EFFECTIVE DATE: July 27, 2014

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MAINECARE BENEFITS MANUAL

CHAPTER II

SECTION 35

HEARING AIDS & SERVICES

ESTABLISHED 2/1/79
UPDATED: 7/27/14

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CHAPTER II

SECTION 35

HEARING AIDS & SERVICES

ESTABLISHED 2/1/79
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35.01 DEFINITIONS

Definitions for the purposes of this Section are as follows:

35.01-1 Hearing Aids and Services are hearing aids, accessories, and repairs when provided by an individual licensed by the State of Maine as an Audiologist or as a Hearing Aid Dealer & Fitter.

35.01-2 Prior Authorization (PA) is the process of obtaining prior approval as to the medical necessity and eligibility for a service.

35.02 ELIGIBILITY FOR CARE

MaineCare members under the age of 21 are eligible for services described in this Section. Individuals must meet the eligibility criteria as set forth in the MaineCare Eligibility Manual. It is the responsibility of the provider to verify a member's eligibility for MaineCare and these services, as described in MaineCare Benefits Manual, Chapter I, Section 1, prior to providing services.

35.03 COVERED SERVICES

35.03-1 Hearing Aids: Hearing aids, including digital hearing aids, are covered on the basis of a hearing evaluation and testing utilizing appropriate established procedures.

35.03-2 Hearing Aid Accessories: Hearing aid accessories include but are not limited to ear molds, cords, and batteries, as they are considered a necessary part of continuous member care.

35.03-3 Hearing Aid Repairs: After the expiration of the product's warranty period, a portion of hearing aid repairs are covered, as set forth, below, if they are considered, by an appropriately licensed professional, as a necessary part of continuous member care.

35.04 LIMITATIONS

35.04-1 Hearing aid repairs required prior to the expiration of the product's warranty period are not covered. After the warranty period, repairs costing up to 60% of the value of the hearing aid are covered.

35.04-2 Digital hearing aids must be purchased pursuant to the requirements set forth in Chapter III, Section 35.

35.05 NON-COVERED SERVICES

Back-up or spare hearing aids and repairs to back-up or spare hearing aids are not covered services.

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35.06 POLICIES AND PROCEDURES

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A. Determinations of Need for, and Type of, Hearing Aid

Each eligible member may receive covered services that are medically necessary within the limitations of this section.

1. Evaluations and Orientation: A member over 18 years of age must have had a medical evaluation by a licensed physician within the preceding six (6) months stating the member's hearing loss has been medically evaluated. A member 18 years of age or younger must have an ear or hearing examination by a physician with specialized training in the field of otolaryngology within the preceding 90 days. Documentation of these examinations stating that a hearing aid is recommended must be in the member's record.

Both otologic and clinical audiological evaluations are prerequisite to the determination of need for amplification. The sequence of such evaluations is variable depending upon source of referral.

Members (or member's parent in the case of minors) must receive hearing aid orientation that involves instruction in the use and care of the instrument and counseling regarding expectations, limitations, and adjustment to amplification as well as ancillary needs (i.e.: auditory rehabilitation, communications therapy, special educational placement, parent responsibilities).

2. Prior Authorization: DHHS requires prior authorization (PA) for code V5298 in accordance with Section 35, Chapter III. DHHS reserves the right to request additional information to evaluate medical necessity and review utilization of services

3. DHHS may require utilization review for all services reimbursed under this section.

In addition, a hearing aid fitting must comply with the current version of the applicable federal requirement, U.S. Food and Drug Administration, Hearing Aids Labeling Rules, 21 C.F.R. §801.420.

B. Trial Period

Following a trial period of at least thirty (30) days, the Audiologist or Hearing Aid Dealer & Fitter will provide written confirmation that the hearing aid meets the member's need and should be purchased.

C. Purchase of Hearing Aids

- (1) For non-digital hearing aids: The hearing aid(s) will be purchased from a licensed Audiologist or Hearing Aid Dealer & Fitter. The Audiologist or Hearing Aid Dealer & Fitter will provide a warranty on parts and service, instructions on use and care of the instrument, a schedule with the member (i.e.: 30 days and 6 months) in order to check the performance of the hearing aid, and encourage the

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35.06 POLICIES AND PROCEDURES (cont)

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member to return to him or her when questions or problems arise regarding hearing aid performance.

- (2). For digital hearing aids: The hearing aid(s) shall be purchased from a vendor contracted with the State of Maine Division of Purchases through the Hearing Aid Procurement program, as set forth more specifically in Chapter III, Section 35. The Audiologist or Hearing Aid Dealer & Fitter will provide a warranty on parts and service, instructions on use and care of the instrument, a schedule with the member (i.e.: 30 days and 6 months) in order to check the performance of the hearing aid, and encourage the member to return to him or her when questions or problems arise regarding hearing aid performance.

D. Periodic Re-Evaluation of Hearing Aids

Efficiency of the hearing aid requires periodic evaluation. The optional time for re-evaluation of hearing status, amplification needs and performance of the hearing aid will be recommended in the Audiologist or Hearing Aid Dealer & Fitter's report to the Department.

E. Replacement of Hearing Aids

Reasonable requests for replacement of hearing aids within one year of purchase will be considered. Replacement of hearing aids in use over one year requires hearing aid re-evaluation by the Audiologist or Hearing Aid Dealer & Fitter.

35.07 PROGRAM INTEGRITY

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In addition to the requirements herein and in Chapter I, Section 1, providers must retain comprehensive clinical records of all services. In the absence of proper and complete clinical records, no payment will be made and payments previously made may be recouped.

Clinical records and other pertinent information shall be transferred, upon request and with the client's written permission, to other clinicians treating the client.

Upon request, the provider shall furnish to the Department, without additional charge, the clinical records, or copies thereof, corresponding to and substantiating services billed by that provider.

35.08 REIMBURSEMENT

MaineCare will pay the lower of:

- A. The provider's usual and customary charge; or
- B. The amount listed or referenced in Chapter III, Section 35 of the MaineCare Benefits Manual.

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35.9 BILLING INFORMATION

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Hearing Aids & Services providers shall bill for services under this Section in accordance with the billing requirements of the Department of Health and Human Services, including use of the CMS 1500 claim form. For instructions, see the OMS “Billing Instructions web page, available at: http://www.maine.gov/dhhs/oms/provider_index.html .

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

CHAPTER 101

MAINECARE BENEFITS MANUAL

CHAPTER III

SECTION 35

ALLOWANCES FOR HEARING AIDS & SERVICES

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LAST UPDATE: 7/27/14

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CHAPTER III

SECTION 35

HEARING AIDS & SERVICES

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GENERAL PROVISIONS

1000 PURPOSE

The purpose of these regulations is to describe the reimbursement methodology for Hearing Aids and Services providers whose services are reimbursed in accordance with Chapters II and III, Section 35, Hearing Aids and Services.

1050 DEFINITIONS

By Report This notation in the “Maximum Allowance” column indicates that the fee for the procedure is to be determined based on a special report. Such a procedure would be one that is rarely provided, unusual, variable, or newly developed. Pertinent information contained in the report, which must accompany the claim, should include an adequate definition or description of the nature, extent, and need for the procedure; and the time, effort, and equipment necessary to provide the service. Additional items which may be included are complexity of symptoms, final diagnosis, pertinent physical findings, diagnostic and therapeutic procedures, concurrent problems, and follow-up care.

Not Covered This notation in the “Maximum Allowance” column indicates that MaineCare does not cover this service. The patient can be billed for these services as long as he or she has been told, in advance, that the service is not covered by MaineCare.

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By Invoice This notation in the “Maximum Allowance” column indicates that MaineCare will reimburse the acquisition cost of the purchased hearing aid from the State of Maine Division of Purchases’ contracted vendors through the Hearing Aid Procurement Program, as shown by the purchased invoice. The invoice must accompany the claim.

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1100 COVERED SERVICES

Covered Services are defined in Chapter II, Section 35 of the MaineCare Benefits Manual (MBM).

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1200 REIMBURSEMENT REQUIREMENTS

1. In addition to the requirements set forth in the MBM, Chapter I, Section 1, and Chapter II, Section 35, providers must use the State of Maine Division of Purchases' vendors that are contracted through the Hearing Aid Procurement Program as the sole suppliers of all digital hearing aids for MaineCare members under the age of 21. A list of contracted vendors and pricing information can be found at: <http://www.maine.gov/purchases/contracts/hearingaids.shtml>
2. Providers shall use the billing/procedure codes, set forth below, for reimbursement for Hearing Aids and Services.

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ALLOWED AGE	PROC. CODE	DESCRIPTION	MAXIMUM ALLOWANCE	PRIOR AUTH.
UNDER 21	V5030	HEARING AID, MONAURAL, BODY WORN AIR CONDUCTION	\$400.00	NO
UNDER 21	V5040	HEARING AID, MONAURAL, BODY WORN BONE CONDUCTION	\$400.00	NO
UNDER 21	V5050	HEARING AID, MONAURAL, IN THE EAR	\$400.00	NO
UNDER 21	V5060	HEARING AID, MONAURAL, BEHIND EAR	\$400.00	NO
UNDER 21	V5070	GLASSES, AIR CONDUCTION	\$400.00	NO
UNDER 21	V5080	GLASSES, BONE CONDUCTION	\$400.00	NO
UNDER 21	V5090	DISPENSING FEE, UNSPECIFIED HEARING AID - ANALOG	NOT COVR'D	
UNDER 21	V5090	DISPENSING FEE, UNSPECIFIED HEARING AID - DIGITAL	\$120.00	NO
UNDER 21	V5100	HEARING AID, BILATERAL, BODY WORN	\$800.00	NO
UNDER 21	V5110	DISPENSING FEE, BILATERAL - ANALOG	NOT COVR'D	
UNDER 21	V5110	DISPENSING FEE, BILATERAL - DIGITAL	\$170.00	NO

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ALLOWED AGE	PROC. CODE	DESCRIPTION	MAXIMUM ALLOWANCE	PRIOR AUTH.
UNDER 21	V5120	BINAURAL, BODY	\$800.00	NO
UNDER 21	V5130	BINAURAL, IN EAR	\$800.00	NO
UNDER 21	V5140	BINAURAL, BEHIND EAR	\$800.00	NO
UNDER 21	V5150	BINAURAL, GLASSES	\$800.00	NO
UNDER 21	V5160	DISPENSING FEE, BINAURAL - ANALOG	NOT COVR'D	
UNDER 21	V5160	DISPENSING FEE, BINAURAL – DIGITAL	\$170.00	NO
UNDER 21	V5170	HEARING AID, CROS, IN EAR	\$400.00	NO
UNDER 21	V5180	HEARING AID, CROS, BEHIND EAR	\$400.00	NO
UNDER 21	V5190	HEARING AID, CROS, GLASSES	\$883.80	NO
UNDER 21	V5200	DISPENSING FEE, CROS - ANALOG	NOT COVR'D	
UNDER 21	V5200	DISPENSING FEE, CROS – DIGITAL	\$120.00	
UNDER 21	V5210	HEARING AID, BICROS, IN EAR	\$400.00	NO
UNDER 21	V5220	HEARING AID, BICROS, BEHIND EAR	\$400.00	NO

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ALLOWED AGE	PROC. CODE	DESCRIPTION	MAXIMUM ALLOWANCE	PRIOR AUTH.
UNDER 21	V5230	HEARING AID, BICROS, GLASSES	\$1480.32	NO
UNDER 21	V5240	DISPENSING FEE, BICROS – ANALOG	NOT COVR'D	
UNDER 21	V5240	DISPENSING FEE, BICROS - DIGITAL	\$170.00	NO
UNDER 21	V5241	DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE	\$120.00	NO
UNDER 21	V5246	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITE (IN THE EAR)	By Invoice	NO
UNDER 21	V5252	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, ITE	By Invoice	NO
UNDER 21	V5253	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE	By Invoice	NO
UNDER 21	V5256	HEARING AID, DIGITAL, MONAURAL, ITE	By Invoice	NO
UNDER 21	V5257	HEARING AID, DIGITAL, MONAURAL, BTE	By Invoice	NO
UNDER 21	V5260	HEARING AID, DIGITAL, BINAURAL, ITE	By Invoice	NO
UNDER 21	V5261	HEARING AID, DIGITAL, BINAURAL, BTE	By Invoice	NO
UNDER 21	V5274	ASSISTIVE LISTENING DEVICE, NOT OTHERWISE SPECIFIED	By Invoice	NO

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ALLOWED AGE	PROC. CODE	DESCRIPTION	MAXIMUM ALLOWANCE	PRIOR AUTH.
UNDER 21	V5298	HEARING AID, NOT OTHERWISE CLASSIFIED	BY REPORT	YES
UNDER 21	V5264	EAR MOLD (EACH)	\$25.00	NO
UNDER 21	V5266	HEARING AID BATTERIES	\$20.00	NO
UNDER 21	V5014	HEARING AID-REPAIR / MODIFICATION	BY REPORT	NO
UNDER 21	V5267	HEARING AID ACCESSORIES	BY REPORT	NO